



REDACTED – FOR PUBLIC INSPECTION

DOCKET FILE COPY ORIGINAL

Received & Inspected

JUN 08 2014

FCC Mail Room

June 26, 2014

*Via Electronic Filing*

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12<sup>th</sup> Street, SW  
Washington, DC 20554

Re: WC Docket No. 10-90, WC Docket No. 11-42  
2014 ETC Annual Report of Sweetser Rural Telephone Company  
Study Area Code 320827

Dear Secretary:

On behalf of Sweetser Rural Telephone Company ("Sweetser"), we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Sweetser seeks confidential treatment under the FCC's Protective Order for the information filed pursuant to Section 54.313(f)(2) of the Commission's regulations<sup>1</sup>. Sweetser also seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1). The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

*Is/ Heath Koth*  
Telco Consultant  
Phone: (605) 995-1832  
Fax: (605) 995-1778  
Heath.Koth@Vantagepnt.com

Enclosure(s)

cc: Mr. Scott A. Winger, President, Sweetser Rural Telephone Company  
Charles Tyler, Telecommunications Access Policy Division

No. of Copies rec'd 0  
List ABCDE

<sup>1</sup> *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA 12-1857 rel. Nov. 16, 2012 (Protective Order).

|                                                                                       |                      |                      |
|---------------------------------------------------------------------------------------|----------------------|----------------------|
| <010> Study Area Code                                                                 | 320827               | Received & Inspected |
| <015> Study Area Name                                                                 | SWEETSER RURAL TEL   |                      |
| <020> Program Year                                                                    | 2015                 | JUL 08 2014          |
| <030> Contact Name: Person USAC should contact with questions about this data         | Lynn Heas            |                      |
| <035> Contact Telephone Number:<br>Number of the person identified in data line <030> | 7653844311 ext.      | FCC Mail Room        |
| <039> Contact Email Address:<br>Email of the person identified in data line <030>     | lynnheas@comteck.com |                      |

|                                                                                 |                                           |                           |
|---------------------------------------------------------------------------------|-------------------------------------------|---------------------------|
| <100> Service Quality Improvement Reporting                                     | (complete attached worksheet)             | (check box when complete) |
| <200> Outage Reporting (voice)                                                  | (complete attached worksheet)             |                           |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report |                                           |                           |
| <300> Unfulfilled Service Requests (voice)                                      | 0                                         |                           |
| <310> Detail on Attempts (voice)                                                | (attach descriptive document)             |                           |
| <320> Unfulfilled Service Requests (broadband)                                  | 0                                         |                           |
| <330> Detail on Attempts (broadband)                                            | (attach descriptive document)             |                           |
| <400> Number of Complaints per 1,000 customers (voice)                          |                                           |                           |
| <410> Fixed                                                                     | 0.0                                       |                           |
| <420> Mobile                                                                    | 0.0                                       |                           |
| <430> Number of Complaints per 1,000 customers (broadband)                      |                                           |                           |
| <440> Fixed                                                                     | 0.0                                       |                           |
| <450> Mobile                                                                    | 0.0                                       |                           |
| <500> Service Quality Standards & Consumer Protection Rules Compliance          | (check to indicate certification)         |                           |
| <510> 320827IN510.pdf                                                           | (attached descriptive document)           |                           |
| <600> Functionality in Emergency Situations                                     | (check to indicate certification)         |                           |
| <610> 320827IN610.pdf                                                           | (attached descriptive document)           |                           |
| <700> Company Price Offerings (voice)                                           | (complete attached worksheet)             |                           |
| <710> Company Price Offerings (broadband)                                       | (complete attached worksheet)             |                           |
| <800> Operating Companies and Affiliates                                        | (complete attached worksheet)             |                           |
| <900> Tribal Land Offerings (Y/N)?                                              | (if yes, complete attached worksheet)     |                           |
| <1000> Voice Services Rate Comparability                                        | (check to indicate certification)         |                           |
| <1010> 320827IN1010.pdf                                                         | (attach descriptive document)             |                           |
| <1100> Terrestrial Backhaul (Y/N)?                                              | (if not, check to indicate certification) |                           |
| <1110>                                                                          | (complete attached worksheet)             |                           |
| <1200> Terms and Condition for Lifeline Customers                               | (complete attached worksheet)             |                           |

**Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet**

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

|        |                                   |  |
|--------|-----------------------------------|--|
| <2000> | (check to indicate certification) |  |
| <2005> | (complete attached worksheet)     |  |

**Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet**

|        |                                   |  |
|--------|-----------------------------------|--|
| <3000> | (check to indicate certification) |  |
| <3005> | (complete attached worksheet)     |  |

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0086/OMB Control No. 3060-0819

July 2013

|       |                                                                               |                                                                   |
|-------|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <010> | Study Area Code                                                               | 320827                                                            |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL                                                |
| <020> | Program Year                                                                  | 2015                                                              |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess                                                         |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.                                                   |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com                                              |
| <110> | Has your company received its ETC certification from the FCC?                 | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
|       | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5    |                                                                   |
| <111> | year plan" filed with the FCC?                                                | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

5 Year Plan-Progress Report.xlsx

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

Page 3





[illegible]





|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select<br>(Yes, No,<br>NA) |
|----------------------------|
|                            |
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|                            |
|                            |





|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWERTSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G) ☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G) ☐

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

320827IN1210.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒



|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

- Incremental Connect America Phase I reporting**
- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)} ☐
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)} ☐
- Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}**
- <2012> 2013 Frozen Support Certification ☐
- <2013> 2014 Frozen Support Certification ☐
- <2014> 2015 Frozen Support Certification ☐
- <2015> 2016 and future Frozen Support Certification ☐
- Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}**
- <2016> Certification Support Used to Build Broadband ☐
- Connect America Phase II Reporting {47 CFR § 54.313(e)}**
- <2017> 3rd year Broadband Service Certification ☐
- <2018> 5th year Broadband Service Certification ☐
- <2019> Interim Progress Certification ☐
- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐
- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014) If yes, does your company file the RUS annual report

(Yes/No)

☒ ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

☐

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

☒ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☒

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

☐

(3023) Underlying information subjected to a review by an independent certified public accountant

☐

(3024) Underlying information subjected to an officer certification.

☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

☐

320827IN3026.pdf, Sweetser 2013 Financials.pdf

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information





|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients                                                                                                                                                                                    |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |                                           |
| Name of Reporting Carrier: SWEETSER RURAL TEL                                                                                                                                                                                                                                                         |                                           |
| Signature of Authorized Officer: CERTIFIED ONLINE                                                                                                                                                                                                                                                     | Date 06/29/2014                           |
| Printed name of Authorized Officer: Scott Winger                                                                                                                                                                                                                                                      |                                           |
| Title or position of Authorized Officer: President                                                                                                                                                                                                                                                    |                                           |
| Telephone number of Authorized Officer: 7653844311 ext.                                                                                                                                                                                                                                               |                                           |
| Study Area Code of Reporting Carrier: 320827                                                                                                                                                                                                                                                          | Filing Due Date for this form: 07/01/2014 |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                                      |                                           |

|                                                                                     |                      |
|-------------------------------------------------------------------------------------|----------------------|
| <010> Study Area Code                                                               | 320827               |
| <015> Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> Program Year                                                                  | 2015                 |
| <030> Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier                                                                                                                                                                                                                                                                                              |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
| Name of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                                                                                                           |                                      |
| Signature of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                                     | Date: _____                          |
| Printed name of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                                  |                                      |
| Title or position of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                             |                                      |
| Telephone number of Authorized Officer: _____                                                                                                                                                                                                                                                                                                                                                                              |                                      |
| Study Area Code of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                                                                                                | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                                                                                                                                                           |                                      |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier                                                                                                                                                                                                                                       |                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                                       |                                      |
| Name of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                                   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                              | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                           |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                      |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____                                                                                                                                                                                                                                                                                       |                                      |
| Study Area Code of Reporting Carrier: _____                                                                                                                                                                                                                                                                                                            | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                                                                                       |                                      |

## Attachments

|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 7653844311 ext.      |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

|       |                                                    |          |
|-------|----------------------------------------------------|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2014 |
| <702> | Single State-wide Residential Local Service Charge | 11.85    |

<703>

[illegible]



|       |                                                                               |                      |
|-------|-------------------------------------------------------------------------------|----------------------|
| <010> | Study Area Code                                                               | 320827               |
| <015> | Study Area Name                                                               | SWEETSER RURAL TEL   |
| <020> | Program Year                                                                  | 2015                 |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Lynn Hess            |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | lynnhess@comteck.com |

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REDACTED – FOR PUBLIC INSPECTION

SWEETSER RURAL TELEPHONE COMPANY, INC (SAC 320827)

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

**CERTIFICATION OF SWEETSER RURAL TELEPHONE COMPANY, INC.**

**Reporting Period January 1 – December 31, 2013**

**Sec. 54.313(a)(5) Service Quality Standards and Consumer Protection Rules Compliance**

Pursuant to § 54.313(a)(5) for High-cost Recipients, Sweetser Rural Telephone Company, Inc. hereby certifies that it is in compliance with applicable service quality standards and consumer protection rules. Sweetser Rural Telephone Company, Inc. follows Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI certification with the FCC pursuant to the FCC's current CPNI rules and regulations. Sweetser Rural Telephone Company, Inc. has also implemented an Identity Theft Prevention Program in accordance with the federal Red Flags Rule.

I verify that the foregoing is true and correct. Executed on June 18, 2014.

/s/ Scott A. Winger

Scott A. Winger, President, Sweetser Rural Telephone Company, Inc.



**CERTIFICATION OF SWEETSER RURAL TELEPHONE COMPANY, INC.**

**Reporting Period January 1 – December 31, 2013**

**Sec. 54.313(a)(6) Ability to Function in an Emergency Situation**

Pursuant to § 54.313(a)(6) for High-cost Recipients, Sweetser Rural Telephone Company, Inc. hereby certifies that it is able to function in emergency situations as set forth in § 54.202(a)(2). Sweetser Rural Telephone Company, Inc. is able to remain functional in an emergency situation through the use of back-up power to ensure functionality without an external power source. Sweetser Rural Telephone Company, Inc. has a generator in its central office, which enables it to provide service for a reasonable period of time if external power is lost. Sweetser Rural Telephone Company, Inc.'s network is engineered to handle reasonable excess traffic in the event of traffic spikes resulting from emergency situations. Sweetser Rural Telephone Company, Inc. has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 18, 2014.

/s/ Scott A. Winger

Scott A. Winger, President, Sweetser Rural Telephone Company, Inc.

**CERTIFICATION OF SWEETSER RURAL TELEPHONE COMPANY, INC**

**Reporting Period January 1 – December 31, 2013**

**47 CFR 54.313(a)(10) - Voice Services Rate Comparability**

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's voice services is no more than two standard deviations above the applicable national average urban rate for voice service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

On March 20, 2014, the WCB announced that the average local end-user rate plus state regulated fees of the surveyed incumbent LECs in urban areas is \$20.46. This was also published in the FCC's Report and Order, Declaratory Ruling, Order, Memorandum Opinion and Order, Seventh Order on Reconsideration, and Further Notice of Proposed Rulemaking Adopted April 23, 2014 and Released June 10, 2014. Carrier's voice service rates are less than two standard deviations in relation to the applicable 2014 national average urban rate as established by the WCB.

I verify that the foregoing is true and correct. Executed on June 18, 2014.

/s/ Scott A Winger

Scott A Winger  
President  
Sweetser Rural Telephone Company, Inc.

**Sweetser Telephone Co., Inc.  
Lifeline Household Worksheet**

|                  |  |
|------------------|--|
| Name             |  |
| Address          |  |
|                  |  |
| Telephone Number |  |

Lifeline is a government program that provides a monthly discount on home or mobile telephone services. Only ONE Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline service from multiple telephone companies.

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). Household **expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income** includes salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings.

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

**You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.**

- Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) ☐ YES ☐ NO
  - If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only ONE Lifeline discount is allowed per household.
  - If you checked **NO**, please answer question #2.
- Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?
 

|                                                                                            |                                                          |                      |                                                          |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------|----------------------------------------------------------|
| A. A parent                                                                                | <input type="checkbox"/> YES <input type="checkbox"/> NO | D. An adult roommate | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| B. An adult son or daughter                                                                | <input type="checkbox"/> YES <input type="checkbox"/> NO | E. Other             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) | <input type="checkbox"/> YES <input type="checkbox"/> NO |                      |                                                          |

  - If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
  - If you checked **YES**, please answer question #3.
- Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? ☐ YES ☐ NO
  - If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
  - If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

**CERTIFICATION**

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to Sweetser Telephone Co., Inc. along with your Lifeline application.

- A. ☐ I certify that I live at an address occupied by multiple households.
- B. ☐ I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature \_\_\_\_\_ Date \_\_\_\_\_

REDACTED – FOR PUBLIC INSPECTION

SWEETSER RURAL TELEPHONE COMPANY, INC (SAC 320827)

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY